**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 28, 2017**
**Secretary of State**
**CC1267475929**

DOCUMENT# P12000064565

**Entity Name:** JACKSONVILLE ENDODONTIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

7043 SOUTHPOINT PARKWAY SOUTH
SUITE A
JACKSONVILLE, FL 32216

**Current Mailing Address:**

7043 SOUTHPOINT PARKWAY SOUTH
SUITE A
JACKSONVILLE, FL 32216 US

**FEI Number: 46-0668042**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MERCIER, LEE F
200 WEST FORSYTH STREET, SUITE 1100
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | D | Title | S |
| Name | CALHOUN, ANDREW J | Name | NGUYEN, CHAU |
| Address | 7043 SOUTHPOINT PARKWAY SOUTH<br>SUITE A | Address | 7043 SOUTHPOINT PARKWAY SOUTH<br>SUITE A |
| City-State-Zip: | JACKSONVILLE FL 32216 | City-State-Zip: | JACKSONVILLE FL 32216 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ANDREW CALHOUN OWNER 03/28/2017

Electronic Signature of Signing Officer/Director Detail — Date